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CONFIRMATION NO. 2670

<b>SERIAL NUMBER</b> 10/623,191	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2609	<b>ATTORNEY DOCKET NO.</b> R2TIP002	
<b>APPLICANTS</b> Peter R. Snoeren, Gouda, NETHERLANDS; Nico Karssemeijer, Beek, NETHERLANDS; <i>DP R</i>					
<b>** CONTINUING DATA *****</b> <i>DP R</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>DP R</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/18/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>DP R</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23689					
<b>TITLE</b> Model-based grayscale registration of medical images					
<b>FILING FEE RECEIVED</b> 716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		